

## ENTRY BLANK—PLEASE TYPE OR PRINT

Cage/0

☐ Ms./Artist☒ Mr./Artist

THOMAS WEBB

(last name last)

Permanent

Address

129 CHITTY AVE.

AKRON

OH

Street

City

44303

Daytime Tel. ( 216 ) 384 2627

Zip

area

Temporary or

Studio Address

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county where you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

**Special Instructions**

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Thomas D Webb

I have received the unsold/unaccepted object(s) in good condition.

Signature

Chris Traylor

# ENTRY BLANKS

## A

☐ Paintings

☒ Sculpture

☐ Graphics

☐ Crafts

☐ Photography

(specify category)

 Materials used (media): **POLYSTYRENE**

Title

**BREATHLESS - FULL TILT SAN ANDREAS**

Price or NFS

**400**

 Insurance Value  
if NFS Only

Size

**15" x 18" x 20"**  
height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.  
For Sale

Total No. in Edition

 Price  
Unframed

 Price of  
Frame

ACCEPTED

**X**

NOT ACCEPTED

**DO NOT WRITE IN THIS SECTION**
**2 (4)**  
**a + b**

ACCEPTED

**X**

NOT ACCEPTED

## B

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☐ Photography

(specify category)

Materials used (media):

Title

Price or NFS

 Insurance Value  
if NFS Only

Size

height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.  
For Sale

Total No. in Edition

 Price  
Unframed

 Price of  
Frame

ACCEPTED

**DO NOT WRITE  
IN THIS SECTION**

ACCEPTED

RECEIVED

NOT ACCEPTED

NOT ACCEPTED

DATE

**3/17**

Detach entire portion along dotted line and submit with slides, but retain tags

1987 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

TOM WEBB

Name

729 CHITTY AVE

Address

AKRON, OH

City & State

44303

Zip

## NOTIFICATION #2

**Do Not  
Detach****A**☐ Paintings☐ Graphics☐ Photography☒ Sculpture☐ Crafts

Title

**BREATHLESS- FULL TILT SAN ANDREAS**

| DO NOT WRITE IN THIS SECTION | ACCEPTED | NOT ACCEPTED |
|------------------------------|----------|--------------|
|                              | X        |              |

**B**☐ Paintings☐ Graphics☐ Photography☐ Sculpture☐ Crafts

Title

| DO NOT WRITE IN THIS SECTION | ACCEPTED | NOT ACCEPTED |
|------------------------------|----------|--------------|
|                              |          |              |

**Return of Objects****Not Accepted: April 14-18****Accepted: June 9-13**

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.